

Combined Declaration For Patent Application and Power of Attorney (Continued)
 (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:
U.S. APPLICATIONS**STATUS (Check one)**

U.S. APPLICATION NUMBER

U.S. FILING DATE

PATENTED

PENDING

ABANDONED

PCT APPLICATIONS DESIGNATING THE U.S.

PCT APPLICATION NO.

PCT FILING DATE

U.S. SERIAL NUMBERS
ASSIGNED (if any)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

William H. Logsdon	22,132	Barbara E. Johnson	31,198	Lester N. Fortney	38,141
Russell D. Orkin	25,363	Paul M. Reznick	33,059	Randall A. Notzen	36,882
David C. Hanson	23,024	John W. McIlvaine	34,219	Jewesse A. Hirshman	40,016
Frederick B. Ziesenhein	19,438	Michael I. Shamos	36,424	James G. Porcelli	39,757
Richard L. Byrne	28,498	Blynn L. Shideler	35,034	Kent E. Baldauf, Jr.	36,082
Kent E. Baldauf	25,826	Julie W. Meder	36,216		

Send Correspondence to:

Russell D. Orkin, 700 Koppers Building, 436 Seventh Avenue, Pittsburgh PA 15219-1818

Direct Telephone calls to:

Russell D. Orkin (412) 471-8815

FULL NAME OF INVENTOR	FAMILY NAME <u>KAWASHIMA</u>	FIRST GIVEN NAME <u>YOICHI</u>	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY <u>Higashiyodogawa-ku, Osaka</u>	STATE OR FOREIGN COUNTRY <u>Jaapn JPY</u>	COUNTRY OF CITIZENSHIP <u>Japan</u>
POST OFFICE ADDRESS	POST OFFICE ADDRESS C/O SANTEN PHARMACEUTICAL CO., LTD. <u>9-19, Shimoshinjo 3-chome, Higashiyodogawa-ku, Osaka, Japan</u>		
FULL NAME OF INVENTOR	FAMILY NAME <u>KUSU</u>	FIRST GIVEN NAME <u>YUKIO</u>	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY <u>Higashiyodogawa-ku, Osaka</u>	STATE OR FOREIGN COUNTRY <u>Japan JPY</u>	COUNTRY OF CITIZENSHIP <u>Japan</u>
POST OFFICE ADDRESS	POST OFFICE ADDRESS C/O SANTEN PHARMACEUTICAL CO., LTD. <u>9-19, Shimoshinjo 3-chome, Higashiyodogawa-ku, Osaka, Japan</u>		
FULL NAME OF INVENTOR	FAMILY NAME <u>YAMADA</u>	FIRST GIVEN NAME <u>HIROSHI</u>	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY <u>Higashiyodogawa-ku, Osaka</u>	STATE OR FOREIGN COUNTRY <u>Japan JPY</u>	COUNTRY OF CITIZENSHIP <u>Japan</u>
POST OFFICE ADDRESS	POST OFFICE ADDRESS C/O SANTEN PHARMACEUTICAL CO., LTD. <u>9-19, Shimoshinjo 3-chome, Higashiyodogawa-ku, Osaka, Japan</u>		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201

Yoichi Kawashima

DATE Yoichi KAWASHIMA

May 20, 2002

SIGNATURE OF INVENTOR 202

Yukio Kusu

DATE Yukio KUSU

May 20, 2002

SIGNATURE OF INVENTOR 203

Hiroshi Yamada

DATE Hiroshi YAMADA

May 20, 2002

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER
110000000061202

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

EYE DROPS CONTAINER HAVING DENT PORTION82US
TX 117

the specification of which (check only one item below):

 is attached hereto. was filed as United States applicationSerial No. 10/049,694on February 15, 2002

and was amended

on _____ (if applicable).

 was filed as PCT international applicationNumber PCT/JP00/05458on August 14, 2000

and was amended under PCT Article 19

on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
Japan	Pat. 11-230652	17/August/1999	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO